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# Introductory Chapter: Evidence-Based Practices to Improve Prevention and Treatment of Substance Use Disorders

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## 1. Introduction

Despite the significant burden of substance use disorders (SUD) across the world, SUD treatment systems face significant challenges to ensure immediate access to effective care. These systems are generally ill-equipped to respond to the unmet treatment needs of a population that is increasingly diverse in age, cultural, and linguistic background and in health severity. In the United States, 21 million people aged 12 or older needed SUD treatment in 2016, that is, 1 in 7 young adults and 6.9% of adults 26 or older [1]. The socioeconomic burden of SUD related to crime, lost work productivity, and healthcare amounts to 740 billion dollars a year [2], while the United States spends about 1.34 billion dollars a year in SUD prevention and 12.54 billion in SUD treatment a year [3]. Yet, only 1 out of 10 individuals seeking SUD treatment is able to access such care, and among those in treatments, fewer than 30% successfully complete their treatment episode. These alarming figures call for a comprehensive approach to improve the effectiveness of SUD treatment.

Prevention and treatment of SUDs in the United States is generally under-funded, and its effectiveness to reduce substance use is frequently questioned [4]. Although there are several evidence-based practices (EBPs) to prevent and treat SUDs, these practices are slowly disseminated through the system. One of the chief concerns to disseminate EBPs is the lack of system capacity to implement EBPs and with these efforts improve the effectiveness of care. Access to EBPs is the most challenging among low-income and racial/ethnic minority communities, which represent almost half of the individuals needing prevention and/or treatment [5].

## 2. Prevention

Despite the significant progress of prevention science in the past 20 years, there is limited knowledge of SUD prevention practices that work for non-White populations. This book focuses on one of the largest populations needing SUD prevention, Hispanic/Latinos. A growing literature is focusing on identifying and addressing risk and protective factors, such as acculturation stress, among others, that

contributes to SUD among Latino adolescents. By understanding stress in relation to Latino's life in the United States, the proposed model in this book explains how discrimination, immigration, parent–child cultural differences, and other dynamics may trigger risk-taking behavior. The authors of the chapter on prevention propose a culturally focused prevention model, *Familia Adelante*, with significant empirical support to reduce substance use among Latinos.

## 3. Treatment

In the treatment section, we present innovative models to improve the effectiveness of SUD treatment. Although generally undermined, the use of spirituality and mindfulness in treatment has gained much attention. In this book, authors present a treatment model based on spirituality and culture to serve the needs of a growing culturally diverse population. Authors offer a nuanced discussion of the role of spirituality and mindfulness in contemporary treatment of addiction. Building from an integrated eclectic approach, authors propose a biopsychosocial-spiritual perspective. This chapter is written for both scientists and clinicians. By following the proposed model, authors provide both evidence-based and anecdotal experiences to draw in readers across several disciplines and perspectives. This approach is also included in the book because of its potential to engage clients in their recovery process and thus improve the effectiveness of treatment.

In this book, we also discuss leadership and management practices that indirectly support the effectiveness of SUD treatment systems. We generally focus on networks of treatment programs representing a large system of care. We lay a theoretical foundation of ways in which leadership and management may influence treatment staff (supervisors and counselors) to implement practices that enhance the effectiveness of care. The proposed conceptual model highlights how leadership, conceptualized as influence on employees to deliver quality of care, can be carried through managers at different levels. Because individuals within SUD treatment programs have different roles, responsibilities, and skills, it is important to understand how each of these individuals may be best motivated and prepared to implement culturally responsive and evidence-based care that enhances treatment effectiveness.

Preparing a workforce to effectively respond to the service needs of an increasingly diverse client population with co-occurring medical conditions requires significant investment in building knowledge, experience, and capacities. We place special attention to leadership development to prepare managers and treatment staff to understand organizational needs and functions and learn how to identify and modify factors that improve effectiveness. For instance, program leaders can learn how to build organizational development plans to diversify the workforce and ensure continuing technical support. Leaders can also establish succession planning and alignment to develop an organizational climate of trust and get buy-in from staff to implement specific EBPs. Investing in culturally responsive treatment is likely to improve treatment effectiveness.

We draw from the management literature to select critical evidence-based management practices (EBMPs) that may be feasible to implement in the SUD treatment system. We discuss EBMPs with different levels of complexity that require diverse levels of investment, in terms of technical assistance and other resources. These EBMPs can support the implementation of clinical EBPs and with those efforts improve the effectiveness of care. Many of these EBMPs could be adapted to effectively treat underserved populations, as described in the chapter on opioid treatment for African Americans.

Overall, the authors propose modifiable system and organizational-level factors that may improve the effectiveness of care, particularly for underserved populations. There is an immediate need for organizations to design and tailor their workforce to respond to the needs of culturally diverse populations in various arenas of healthcare. It is critical for policy makers, health administrators, program managers, and counselors to build on evidence-based management and leadership practices for successful prevention and treatment interventions that work. By delivering these practices, we could respond to the unmet treatment needs of the population we are serving and reduce the burden of SUD in our society.

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